Form B10 (Official	Form 10)(04/04)		
	ted States Bankruptcy Court outhern District of Illinois	PROOF OF CLAIM	Proceedings in Chapter
Name of Debtor		Case Number	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (Torproperty):	he person or other entity to whom the debtor owes money	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach	
Name and address was a second of the second	there notices should be sent:	copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
	mber by which creditor identifies debtor:	Check here if this claim replaces amends a pre	eviously filed claim, dated:
1. Basis for Claim			
□ Taxes	erformed	Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below) Last four digits of SS #: Unpaid compensation for services performed from to (date) (date)	
Other		<u> </u>	(date)
2. Date tiebt was inc	curreu.	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ (unsecured) (secured) (priority) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. A copy of additional charges must be provided to debtor's attorney and trustee. 5. Secured Claim ☐ Check this box if your claim is secured by collateral(including a right of setoff).			
Brief Description of Collateral: Real Estate Motor Vehicle Other Value of Collateral: \$		Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,925), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. \$ 507(a)(3). Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(4). Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. \$ 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. \$ 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. \$ 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. \$ 507(a)(). **Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to	
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$			
6. Unsecured Nonpriority Claim \$			
Check this box if: a)there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		cases commenced on or after the date of	f adjustment.
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			THIS SPACE IS FOR COURT USE ONLY
9. Supporting Documents: A Summary of Exhibits shall be prepared that enumerates and briefly describes each exhibit germane to the matter under consideration. The proof of claim and Summary of Exhibits shall be filed together electronically as a single document. A copy of the claim and exhibits (documentation of your lien), in paper format, must still be provided to debtor's attorney and trustee.			U.S. BANKRUPTCY COURT 750 MISSOURI AVE. EAST ST. LOUIS , IL 62201-2988
Date	Sign and print the name and title, if any, of the creditor or (attach copy of power of attorney, if any):	other person authorized to file this claim	